occurred the treatment can only be symptomatic, and need not be further discussed.

This production of Dr. Knapp is worthy of careful study, and reflects much credit upon him as a skilful clinical observer and accomplished pathologist. His views as to classification and nomenclature will meet with opposition, and time will decide whether glioma is a multiplication of the retinal granular layers, or a hyperplasia of the connective tissue. However unfavourable the results of these reported cases may appear, it should lead practical surgeons to use increased diligence in the early diagnosis of these malignant growths since it is only in their earliest stages that an operation for their removal can be performed with any prospect of a radical cure. W. T.

ART. XXXII.—*On the Etiology of Bright's Disease, with Remarks on the Prophylaxis.* By GOUVERNEUR M. SMITH, M.D., Physician to the New York Hospital, etc. 8vo. pp. 34. Transactions of the New York Academy of Medicine, 1869.

DR. SMITH has embodied in this paper, which was originally read before the New York Academy of Medicine, the statistics of three hundred and eight cases of Bright's Disease, of which histories are to be found in the medical records of the New York Hospital. These statistics will be of value to any one interested in the pathology of this disease, but it is especially in relation to its etiology and prophylaxis that the pamphlet before us treats.

In reference to the appearance of albumen in the urine, Dr. Smith asks whether it may not, under certain circumstances, be a salutary symptom. "May it not be," he says, "an effort of nature to remove from the system a material which might be converted into an inimical substance?" Nature, he thinks, is so conservative in her processes, that we have no right to regard the escape of albumen from the blood into the renal secretion as in all cases due to mechanical causes. Moreover, he has found that in patients threatened with uræmic symptoms the appearance of a large amount of albumen in the urine was often followed by an improvement of the symptoms. With a view of testing how far the amount of albumen in the urine depended upon the quantity of albuminous food eaten, he directed that the urine of two patients should be examined daily: first, while they were allowed an ordinary mixed diet; and, secondly, while they were restricted chiefly to rice and arrowroot. The result in both cases was, that the amount of albumen excreted was very much diminished during the ingestion of starchy food. While there is, therefore, no question that the restricted diet is of advantage in the treatment of the disease, there is equally no doubt that the excesses of the table play very frequently a large part in its causation, and this remark is true as well of eating as of drinking.

To the use of alcoholic liquors has generally been ascribed much of the renal disease that exists in this country and England, and the result of Dr. Smith's observation is to confirm the general impression in this respect, notwithstanding the effort made by Dr. Dickinson, of London, to prove the contrary. Dr. Smith thinks that Dr. Dickinson's conclusions, although apparently correct, are liable to the criticism. that among the fifty patients classed as those dying from other causes than delirium tremens, and among whom it will be recollected the disease of the kidneys was almost as frequent as among the fifty dying from mania à potu, may have been many who had been at some time in their lives intemperate, and this source of error will always be present in hospital practice. As a more certain way of arriving at the truth, our author compares the mortality from Bright's disease with the prevalence of intemperance. In New York the excessive use of ardent spirits is greater than in any of the large cities of the world, and the proportion of deaths from Bright's disease to deaths from all causes, is found to be greater than elsewhere.

Another reason, however, for the great frequency of this class of diseases in New York is to be found in the fact, that the average temperature of the city is 51° F., and "the researches of Dickinson have shown that places liable to a large proportion of renal disease have an annual mean temperature which is not lower than 46°, nor higher than 57°, and that Bright's disease chiefly abounds where the mean temperature is not far removed from 50°." A change of residence is, of course, recommended wherever the means of the invalid permit, and as our own country comprises within its limits a great variety of climates, he will rarely be obliged to seek in foreign countries a suitable place of refuge. It is obvious, however, that beneficial as a change of climate will often be found, its good effects will be counteracted by neglect to observe the laws of hygiene. To the large class, who in a city like New York must remain at home, we can only recommend that they should avoid all the known causes of the disease, and perhaps there is none more active in bringing on exacerbations and more easily avoided, than the exposure of the body while perspiring or insufficiently clad to the cold. In this connection Dr. Smith asks the pertinent question, whether it is not as much the duty of the physician to warn those whose occupations render such exposure frequent, of its danger, as it is in the case of those who work in metals. To lead and arsenic, among other causes, is assigned their due share in the production of these diseases.

Dr. Smith has noticed that deafness is not uncommon in those whose urine contains albumen, and is disposed to view this association of aural and nephritic lesions in the same light as we regard the coexistence of ocular and renal symptoms. He recommends that the urine should be examined in all cases in which the cause of deafness is obscure. Of course allusion is not here made to the mere dulness of hearing which frequently attends and is dependent upon uræmia.

The paper bears the evidence of careful preparation and a good deal of research, and we think it a valuable contribution to the study of Bright's disease. The word *Brightian* is frequently used and is certainly convenient; we do not, however, recollect having observed it in any other writer. J. H. H.

ART. XXXIII.—*New Facts and Remarks concerning Idiocy: being a Lecture delivered before the New York Medical Journal Association,* October 15, 1869. By EDWARD SEGUIN, M.D. 8vo. pp. 47. New York: Wm. Wood & Co., 1870.

THE present lecture may be viewed somewhat in the light of an appendix to a much larger work, published in 1866, under the title of "Idiocy, and its Treatment by the Physiological Method." Revised by the son of the author, Dr. E. G. SEGUIN. (8vo. pp. 457.)

The lecturer, after pointing out the necessity of a general recognition by physicians of the minimum of knowledge of the causation, premonitions, and diagnosis of idiocy, required of every practitioner, proceeds to a consideration of the differential diagnosis and prognosis between that form of idiocy which admits of improvement under a proper course of treatment, and the form which is irremediable. He then presents a brief notice of the State and private institutions for the treatment of idiots in this country, their number, and importance, with a special notice of the management pursued in the institutions at Syracuse, N. Y., and that at Barre, Mass. The subject of general and individual training, as pursued in the institutions just mentioned, is next considered.

"The State institution (at Syracuse, N. Y.) is but a school where idiots are received, if improvable, and kept as long as they do improve. In it the physiological treatment is applied mostly to groups; the children, constantly in contact, being raised up from idiocy by the incessant action of the whole on each. The sexes are completely separated, in dormitories and gymnasii—not